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JAN 24 2012

OCCUPATIONAL SAFETY AND HEALTH
STANDARDS BOARD

RE: *Petition for Promulgation of a Safety and Health Standard
for the Protection of Hotel Housekeepers*

Dear Ms. Hart:

On behalf of Petitioner UNITE HERE, please find enclosed herewith a petition for the Occupational Safety and Health Standards Board to promulgate a safety and health standard to address the occupational hazards faced by housekeepers in the hotel and hospitality industry.

Petitioner is a labor organization that represents thousands of California workers who are employed in the hotel and hospitality industry through its affiliated local unions. Petitioner is fully prepared to assist in the presentation of testimony and evidence in favor of the proposed petition. The contact persons on behalf of the Petitioner will be:

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Petitioner requests that public hearings in this matter be conducted in the Los Angeles area. This is because there are substantial numbers of housekeepers particularly in the Los Angeles area who have indicated their desire to participate in these proceedings as observers and, as necessary, as witnesses. Conducting public hearings in the Los Angeles-area will serve to maximize public understanding and participation in the rulemaking process, and assist the Standards Board in gathering information necessary to devising an effective rule.

Should you have any questions concerning this petition, please contact Mr. Peterson or Ms. Vossen. You may also reach them through me.

Very truly yours,



Eric B. Myers

CC: Marty Morgenstern
Secretary
State of California Labor & Workforce Development Agency

Christine Baker
Director
Department of Industrial Relations

Ellen Widess
Chief
Division of Occupational Safety and Health

Kurt Petersen
Pamela Vossen

STATE OF CALIFORNIA
DIVISION OF INDUSTRIAL RELATIONS
OCCUPATIONAL SAFETY AND HEALTH STANDARDS BOARD

UNITE HERE,)	Petition for the Promulgation of
)	a Safety and Health Standard
Petitioner)	For the Protection of
_____)	Hotel Housekeepers

Pursuant to California Labor Code Sections 142.2, 142.3 and 142.4, UNITE HERE petitions the Occupational Safety and Health Standards Board (OSHSB) for the promulgation of a safety and health standard to address the occupational hazards faced by housekeepers in the hotel and hospitality industry.

I. Introduction

Hotel housekeepers are exposed to serious occupational risks in the course of their normal work duties. Housekeeping duties include changing bed linen, scrubbing bathroom floors and fixtures, polishing, dusting, vacuuming, and pushing heavy linen carts. These tasks are frequently performed under great time pressure. The majority of housekeepers are women, people of color, and/or immigrants. These groups have been repeatedly identified as having excessive exposure to occupational risks.¹

Housekeepers suffer the highest injury rate among all classifications of hotel employees.² They are more likely to suffer musculoskeletal disorders than all other hotel employees.³ They are injured at a rate far exceeding the average injury rate for employees in the service sector as a whole.⁴ These injuries decrease employee productivity and increase workers compensation costs for employers. They diminish the quality of life for housekeepers.

Both the hotel industry and academic researchers have recognized hazards associated with hotel housekeeping going back several years. More recently, worker protection agencies, including Cal-OSHA, have recommended simple solutions and systems already in place in other industries and by certain hotel employers who are investing in safe workplaces. But existing

occupational safety standards do not adequately address the unique hazards that lead to high injury rates among these employees.

The proposed standard comprises a balance of performance and prescriptive requirements to address the factors that contribute to occupational injuries among housekeepers. It focuses on the opportunity for employee input and training to promote best practices in the industry. Adoption of the standard is critical to prevent the often debilitating injuries suffered by housekeepers and to contain the financial costs that these injuries impose on employers, insurers, and society-at-large.

II. The Growing Occupational Hazards Faced by Housekeepers

Hotel housekeeping is a physically arduous task. Workers in this industry have long confronted occupational hazards attributable to the array of cleaning tasks they perform. The situation has grown more critical in recent years. During the past decade, hotel operators have increasingly competed on the basis of the level of luxury of their room offerings. This includes luxury bedding consisting of oversize mattresses and opulent bed linen, together with other upgraded room and bathroom amenities.

One industry observer has aptly described the competition to introduce more luxurious beds and room amenities as the “bed-race.”⁵ The trend started in the late nineties when Starwood Hotel Corporation introduced the “Heavenly Bed” at its Westin-branded properties. Other companies followed suit with their own luxury bedding programs: Hyatt the “Grand Bed,” Marriott the “Marriott Bed,” Radisson the “Sleep Number Bed,” Hilton the “Serenity Collection,” and others. Although first confined to upper-end hotels, the new bedding and room packages are now commonplace throughout the hotel industry.

The new bedding packages are characterized by heavy, plush mattresses weighing in excess of 100 pounds. They typically feature a bulky “duvet” or quilted comforter, triple sheeting using flat (instead of a fitted) bottom sheet, up to six pillows on a bed, pillow cases that fit tightly over plump pillows, and other amenities such as decorative pillows and blankets.

Major players in California’s hotel and lodging industry have acknowledged the hazards that the new bedding packages pose to housekeepers:

In March 2011, HEI Hotels & Resorts and Cadence Keen Innovations Inc. announced the introduction at HEI hotel properties of a tool designed to alleviate the physical strain and risk of injury during bedmaking. (Exhibit 1.) The statement noted the “serious and often disabling repetitive motion injuries that are associated with changing linens on beds that now weigh in excess of 115 pounds on average.” It read:

Mattress lifting, by nature, puts the back in its weakest position and the repeated lifting required for a housekeeper can stress the upper-body’s muscles, joints and tendons. Without enough time between exertions for the body to heal itself, muscles, tendons and joints can be damaged. In fact, recent studies indicate housekeepers are 48% more likely to be injured than any other job in the service sector and are 50% more likely to incur serious, disabling injuries. According to Jim Stover, Vice President of Loss Prevention for AJ Gallagher Hospitality Division, repetitive motion injuries account for nearly “29% of all housekeeping injuries” and cost the hospitality industry more than \$500 million in compensation claims and lost workdays every year.⁶

In 2009, Hyatt Hotels Corporation was awarded a patent for a device to assist housekeepers in the arduous task of lifting heavy mattresses to tuck sheets. (Exhibit 2.) In its patent application, the product designers (including one of Hyatt’s occupational safety specialists) described the hazards of bedmaking as follows: “the process of making a bed, including lifting a bed mattress and/or tucking in bed covers between the bed mattress and box spring mattress, or other support structure, can be physically taxing.” Current bed-making methods—including making beds unaided by any tool—“requir[es] strenuous bed-making activity potentially resulting in fatigue and injury, requir[es] excessive time to make the bed, lead[s] to poor quality made-beds, and/or other types of problems.”⁷

In 2005, Hilton Hotels Corporation performed an ergonomic analysis on its then-new bedding package. (Exhibit 3.) The report concluded that “[t]here is excessive lifting of the bed corners to tuck in sheets and blanket;” “there is excessive handling of the sheets and blankets;” and “[t]here is excessive walking from one side of the bed to the other.” The report concluded that the “new bed components added additional handling to a job that already requires repetitive activity.”⁸ The Hilton study advised that housekeepers should avoid spreading bed sheets by using a “fluffing” or throwing motion with their shoulders and arms, but instead should lay the sheets on the bed and unfold them. One Hilton property manager explained that the hotel did not

enforce these corporate recommendations because housekeepers “complain that it takes too much time to do all the unfolding.”⁹ As discussed below, the problem of housekeepers not having sufficient time to work safely is a major factor in housekeeper injury and is part of the employer’s legal responsibility to provide a safe workplace.

In addition to equipping hotel rooms with heavier and more luxurious beds, the hotel industry has made other upgrades to room packages that pose new occupational hazards to workers. For example, hotel operators have equipped hotel bathrooms with larger and heavier bath linen. The new linen is more labor intensive to fold and handle, leading to greater and more frequent exertions. The new linen also occupies more space on the typical linen cart, requiring housekeepers to load their carts more heavily or to make more frequent trips to the linen room to replenish their stock. Hotel operators have also equipped rooms with a greater number of amenities that require cleaning. These include numerous and larger mirrored surfaces, chrome-plated amenities such as ice buckets or tissue holders, large flat-screen televisions, and other items that require greater cleaning by the housekeeper.

The combined effects of these changes have been to increase the occupational hazards associated with room cleaning, leading to a high frequency of occupational injuries among this classification of employees.

III. Occupational Hazards Lead to Housekeeper Injuries

Housekeeping exposes housekeepers to risk of a range of injuries. Housekeepers must frequently adopt unsafe body postures as they twist their torsos to lift mattresses, bend to gather heavy linen, or get down on their hands and knees to scrub bathroom floors. Housekeepers balance precariously on unsecure surfaces such as tub rims as they reach to scrub walls or remove shower curtains. They rush over wet surfaces or around items left on the floor. They push and turn heavily-laden linen carts over uneven surfaces. All these tasks are performed under time pressure, often with insufficient rest breaks and without proper tools, thereby increasing the likelihood of injury. They are also performed under the pressure of discipline for not performing well enough or quickly enough.

Predictably, these factors contribute to a high rate of injuries among housekeepers. Housekeepers suffer the highest overall injury rate and the highest rate of musculoskeletal injury

among all classifications of hotel employees. Their injury rate far exceeds the average injury rate for employees in the service sector.¹⁰

The following examples taken from the OSHA 300 logs of a Los Angeles-area Hyatt property from 2006 through part of 2010 demonstrate the spectrum of injuries that housekeepers can suffer and illustrate the circumstances that lead to them:¹¹

Date of injury	Description	In the job transfer or restriction (days)	Away from work (days)
8/29/2010	<i>Left ankle sprain due to missing a step on stairs</i>		2
5/25/2010	<i>Right wrist sprain, due to lifting a mattress</i>		36
4/25/2010	<i>Contusion on left side of face fell on stool</i>		
4/25/2010	<i>Contusion left hand due to cleaning a tub</i>	7	
2/6/2010	<i>Left knee contusion/strain due to slip and fall</i>		205
1/14/2010	<i>Left shoulder strain due to improper lifting</i>	5	18
8/5/2009	<i>Lumbar and right knee strain from bending while cleaning guestroom</i>	29	
6/1/2009	<i>Overuse syndrome of both hands - from making beds</i>	54	
3/24/2009	<i>L knee strain from repetitive bending and walking</i>	57	
3/15/2009	<i>Contusion to L elbow - vacuuming and hit elbow on the door</i>	72	
3/11/2009	<i>Left arm and left wrist sprain - struck with on cart linen hook</i>	110	
1/10/2009	<i>Right knee contusion tripped over sheets</i>		
12/17/2008	<i>EE picked up hair from floor and cut her 3rd finger with glass that was on the floor</i>	12	

12/10/2008	<i>EE tried locking panel door but was too hard to move. She closed the panel door and sprained her L thumb.</i>	6	
10/14/2008	<i>Sprain to the left wrist due to lifting and tucking in bed sheets</i>	14	
9/21/2008	<i>Contusion to the left knee from hitting a chair while making the bed</i>	22	
8/24/2008	<i>Fracture to right 4th finger from being caught in the door</i>	42	
8/21/2008	<i>Fracture to the left foot from tripping and rolling down the ramp twice</i>		105
8/10/2008	<i>Sprain/strain to the left knee due to making a bed and cleaning the bathtub</i>	39	
6/20/2008	<i>Contusion on head from entry door</i>	10	
5/12/2008	<i>Puncture to left thumb from a small needle stick to a piece of tape at the bottom of trash can</i>	0	
1/23/2008	<i>Left foot sprain from having phone cord wrapped around ankle</i>	35	
12/27/2007	<i>Kneeling on the floor making a bed and strained her left ankle</i>	4	
12/12/2007	<i>Making beds and caused a strain in her left hand</i>	10	
12/12/2007	<i>Stocking the Housekeeping carts and a very small object cut under her left ring finger fingernail</i>	0	
12/10/2007	<i>Both wrists strain from doing normal duties</i>	21	
12/7/2007	<i>Head contusion from door hitting her</i>	4	
11/21/2007	<i>Pushing a chart and sprained her left shoulder</i>	40	
10/19/2007	<i>Lumbar strain due to improper moving of a bed</i>	1	
9/24/2007	<i>Left eye bone contusion due to hitting toilet handle</i>	1	
9/7/2007	<i>Strain/sprain right arm due to lifting a mattress</i>	17	

9/7/2007	<i>R knee sprain due to kneeling</i>	17	
8/31/2007	<i>Low back strain due to improper lifting of mattress</i>	25	
8/29/2007	<i>Fell in AB stairwell north side by laundry. Resulted in a low back strain</i>		
6/30/2007	<i>Needle stick injury</i>		
5/22/2007	<i>Sprain right wrist while tucking in the bed sheets</i>	54	126
4/29/2007	<i>Trip and fell backwards on a vacuum cord. Tail bone contusion</i>	58	
4/27/2007	<i>Strain to right knee while going down the stairs</i>	7	
4/11/2007	<i>Strain right shoulder while sorting linen</i>	14	
4/10/2007	<i>Strain left foot by walking prolonged time and bending</i>	15	
3/11/2007	<i>Contusion left knee while moving a rollaway</i>	0	
2/22/2007	<i>Strain left leg and hip while making the beds</i>	14	166
2/7/2007	<i>Strain/right shoulder/arm repetitive work</i>	180	
1/24/2007	<i>Repetitive motion injury right wrist/hand</i>	48	
1/16/2007	<i>Repetitive motion injury right shoulder strain</i>	174	6
1/9/2007	<i>Lumbar strain/left knee sprain due to removing sheets</i>	165	
12/17/2006	<i>3rd finger, left hand sprain</i>	19	
12/8/2006	<i>Lumbar sprain and right wrist sprain due to improper lifting of the mattress</i>	23	
11/27/2006	<i>EE was drying the tub and slipped resulting in a sprain to the right foot</i>	8	
11/2/2006	<i>Sprain due to improper lifting of a mattress</i>	2	

10/18/2006	<i>EE hit an ottoman and has a contusion and sprain</i>	2	
9/21/2006	<i>EE slipped in bath and has a lumbar sprain</i>	6	
8/20/2006	<i>R wrist sprain due to lifting a mattress improperly</i>	5	
8/18/2006	<i>R wrist sprain due to lifting a mattress improperly</i>	10	
8/2/2006	<i>Mild R wrist sprain due to improper lifting</i>	12	
7/27/2006	<i>EE was changing the trash and got pricked with a needle. Puncture of skin on left index finger</i>	0	
6/22/2006	<i>R thumb sprain due to slip and fall</i>	4	
6/20/2006	<i>R wrist sprain due to lifting a mattress improperly</i>	5	
6/7/2006	<i>Carpel Tunnel syndrome from repetitive motion</i>	38	88
3/28/2006	<i>Sprain/strain due to a fall in the elevator</i>		14
3/24/2006	<i>Lumbar sprain due to cleaning a bathroom</i>	1	
3/9/2006	<i>Lumbar sprain from lifting mattress</i>	15	
2/11/2006	<i>Right wrist sprain, due to lifting a mattress</i>	41	
1/30/2006	<i>Laceration of left thumb due to guest razor on sink</i>	0	

Reviewing OSHA 300 logs does not fully disclose the scope of the problem because many housekeepers suffer persistent pain that they do not report as injuries. But the prevalence of pain and discomfort among employees can lead to a loss of productivity and job satisfaction that impose substantial costs on both employees and employers alike.

IV. Scientific Recognition of the Occupational Hazards of Housekeeping

A growing body of academic literature deriving from scientific fields ranging from epidemiology to human biomechanics has shed significant light on the occupational hazards of hotel housekeeping.

- A 2010 peer-reviewed study published in the *American Journal of Industrial* examined the incidence of hotel worker injury at fifty properties operated by five major hotel companies.¹² The study determined that housekeepers suffer the highest rate of injuries of all kinds (7.9 per 100 worker-years) and the highest rate of musculoskeletal disorders (3.2 per 100 worker-years) among all classifications of hotel workers. (Exhibit 4.)
- In a 1999 study, researchers at the University of California at San Francisco conducted a survey of over two hundred room cleaners. They reported that more than 75% of room cleaners experienced work-related pain. Of those reporting pain, the pain was severe enough for 73% to visit a doctor and 53% to take time off work to recover.¹³
- The San Francisco study's results were reaffirmed in a 2002 survey of nearly one thousand Las Vegas room cleaners.¹⁴ This study found that in a given month:
 - 95% of housekeepers reported physical pain;
 - 47% of housekeepers reported severe or very severe physical pain;
 - Severe or very severe pain was most often reported in the lower back (63%), followed by upper back (59%) and neck (43%);
 - 84% of housekeepers reported having taken medication for pain suffered at work;
 - 83% of the participants reported constant time pressure.
- An Australian government-sponsored evaluation of hotel work showed that the physical stress on workers' backs from hotel bedmaking tasks is equivalent to the "ultimate compressive strength" for lower back movements defined in the study as "the limits of human tolerance." The researchers argued, "Where possible, tasks should be performed slowly, without rapid movement."¹⁵
- Dr. William Marras, Professor and Director of the Institute for Ergonomics at Ohio State University, examined the hotel housekeeper job using a unique technology that combines both the tasks performed and the speed at which they must be performed into one analysis. Using a patented tool called the Lumbar Motion Monitor, he found that the

likelihood that a housekeeper is at high risk for lumbar injury is greater than any of the 20 manufacturing jobs—including auto and truck assembly—that he also studied. The risk also exceeds that of nursing/patient handling.¹⁶

- The Canadian Center for Occupational Safety and Health, the federal government’s primary information center on workplace safety, reports that:

A hotel housekeeper changes body positions every three seconds while cleaning a room. If we assume that the average cleaning time for each room is twenty-five minutes, we can estimate that a housekeeper assumes 8,000 different body postures every shift. In addition, forceful movements while using awkward body positions include lifting mattresses, cleaning tiles, and vacuuming every shift. Housekeeping is a physically demanding and very tiring job.¹⁷

- In Canada, the British Columbia Workers Compensation Board found that among hotel workers, “overexertion” was responsible for 27% of worker compensation claims, the single largest cause. It also found that housekeepers accounted for 39% of overexertion cases—more than any other job title.¹⁸

CalOSHA and federal OSHA have recognized the scope of the problem through both enforcement actions and consultative services.

- In 2011, Cal-OSHA issued hazard alert memoranda to the Hyatt Century Plaza and the Hyatt Andaz—West Hollywood in Los Angeles, California, after identifying instances of housekeepers who suffered injuries while making beds and cleaning bathroom floors on hands and knees. Cal-OSHA recommended that Hyatt consider implementing fitted sheets and tools among other measures to prevent such injuries to housekeepers. (Exhibit 5.)
- In 2011, the Hawaii Occupational Safety and Health Division (HIOSH) issued a hazard alert letter to the Hyatt Regency Waikiki Beach Resort & Spa. (Exhibit 6.) The letter was based upon an ergonomic evaluation of the room cleaning operation. It identifies several of the control options that are set forth in this proposed standard including motorized carts.

- Cal-OSHA issued citations to at least two hotel operators alleging violations of the repetitive motion standard, Title 8, Section 5110. These include the Hilton LAX in Los Angeles in 2007 and the Hyatt Fisherman’s Wharf in San Francisco in 2011.
- Cal-OSHA Consultation Service/Research and Education Unit has recognized many of the hazards associated with hotel housekeeping in its publication *Working Safer and Easier for Janitors, Custodians, and Housekeepers* (California Dept of Industrial Relations 2005) (Select pages attached as Exhibit 7.) It identifies several of the controls set forth in this proposed standard.

V. The Hazards That an Industry-Specific Housekeeping Standard Should Address

A comprehensive standard is necessary to mitigate the industry specific hazards that housekeepers confront. The standard must address the following issues: safe bedmaking, safe cleaning practices for bathrooms and guest rooms, workload and work pacing, and safe linen carts. It must also provide opportunities for employee involvement, training, protection of employee rights, access to information, and other elements common to occupational health standards. The proposed standard accomplishes all of these objectives.

A. Safe bed-making practices

To make a bed, the housekeeper first removes dirty linens, gathering them on the bed and lifting them off. This frequently requires the housekeeper to separate the heavy duvet from the entangled bed sheets by grasping and pulling one away from the other. These duvets can weigh 14 pounds or more, are bulky, and require great exertion to manipulate. The housekeeper removes dirty pillow case by grasping the pillows firmly and pulling them away from the case grasped firmly in the other hand, a motion which housekeepers note causes pain in the hands and fingers. The housekeeper applies clean linen onto the bed in layers, with each layer tucked in beneath the heavy mattress on both sides and at the foot of the bed with “hospital style” corners. First, she applies a bottom sheet, often snapping it out onto the bed using a throwing motion, spreading it, and pulling it so that it hangs from the edges of the bed. Many hotels require hospital folds that must be tucked tightly beneath the mattress. In order to tuck the linen, the housekeeper typically lifts the heavy mattress at various places with one arm, and—as she is doing so—twisting and driving the linen beneath the mattress using her other arm and hand.

After the bottom sheet is applied, the housekeeper applies a second sheet, which is spread, pulled and tucked in the same manner as the bottom sheet. The housekeeper then lays on the duvet and a top covering, which at some hotels are spread, pulled and tucked beneath the mattress. The housekeeper applies new pillow linen by grasping the pillow in some manner (sometime by the knees) and pushing or pulling the tight case over the pillow until it fits. The housekeeper applies the pillows and the decorative blanket to the assembled bed. The task of bed-making involves numerous lifts using the back and waist, and continuous exertions using the arms, shoulders, hips, wrists and hands.

The proposed standard addresses the hazards associated with bedmaking in a number of ways. It requires employers to perform a hazard assessment evaluation by an appropriately trained professional to identify hazards and to consider proper engineering and administrative controls with respect to bedmaking. It requires employers to adopt a safe housekeeping plan to address these hazards. It requires all employers to adhere to certain practices to reduce the exposure to bedmaking hazards. These consist of the following:

- Elimination of unsafe bedmaking practices. The proposed standard eliminates the practice of laying on and removing bed linen through the use of forceful exertions and extended, awkward postures of the lower and upper extremities. It minimizes the number of mattress lifts necessary to change the bed as described below.
- Use of a properly sized fitted bottom sheet. Some hotels use flat sheets and require housekeepers to make “hospital folds” instead of using a fitted bottom sheet. The use of a properly sized fitted bottom sheet eliminates as many as four to eight mattress lifts per bed change, reduces awkward postures associated with mattress lifting, and avoids unnecessary manipulation of bed linen to make hospital corners. Cal-OSHA and HIOSH have both recommended the use of flat sheets as bottom sheets.¹⁹
- Elimination of practice of tucking top duvet assembly under the mattress. Some hotels that use duvet/comforters require housekeepers to tuck the duvet under the mattress. Allowing the duvet assembly and top sheet to hang off the side of the beds eliminates several mattress lifts per bed change and reduces the risk of injury

to fingers, hands and wrists while tucking the duvet. It is a stylistic choice already adopted by many hotel operators.²⁰

- Elimination of the practice of shaking the duvet to spread it out on the bed. Duvets can weigh over 14 pounds and are often applied with the use of several snapping movements to fluff them evenly on the bed, causing strain to the shoulders and arms. The duvets are required to be placed on the bed and unfolded.
- Elimination of tight-fitting pillow cases. Housekeepers must frequently stuff pillows into tight-fitting pillow cases or tug at pillows to remove them from the cases. There are as many as six pillows on a bed in luxury bedding programs. Pillow cases should be sized so that they may be readily removed and put on.²¹
- Requirement for adequate clearance between beds and obstacles that prevent housekeepers from adopting neutral positions in changing the bed. Beds positioned too close to walls or furniture cause housekeepers to perform lifts or manipulate linen with their trunks twisted in awkward positions. Adequate clearances should be maintained to avoid such body mechanics.²² Adequate clearance is also required for the placement of rollaway beds that result in bedmaking in tight spaces.

B. Safe cleaning practices for bathrooms and guest rooms

To clean bathrooms, the housekeeper must scrub the floor, shower walls and glass doors, tub, toilet and sink. In order to reach high areas, the housekeeper extends her arms high while performing scrubbing motions, sometimes balancing preciously on the tub, sink or toilet. In order to clean low areas, the housekeeper often bends her back or gets down on hands and knees, again using reaching and scrubbing motions with her arms. At times, housekeepers do not have long-handled tools such as mops or scrub brushes to perform their work, forcing them to get down on their hands and knees to clean the floors or climb up on fixtures to clean the shower walls. Even when they are provided with the option to use a swiffer or similar device, housekeepers often feel compelled to work on hands and knees for fear of discipline should they miss any item that needs cleaning.

To clean the guest room, the housekeeper must engage in a diversity of actions. She may have to move furniture to their correct location. She may have to move a rollaway bed to its

proper position. She cleans glass surfaces such as mirrors, pictures, patio doors, and large screen televisions by reaching with her arms and performing a polishing motion. She cleans amenities such as trays and holders. She cleans table and desk surfaces and polishes wood armoires. She cleans other room amenities such as telephones, remote control devices, and other items. She vacuums the entire floor surface, often having to move furniture along the way.

Bathroom and room cleaning exposes housekeepers to numerous hazards as they adopt awkward body mechanics to clean hard-to-reach areas, particularly when they do so without the use of proper equipment. The proposed standard addresses these hazards by eliminating the requirement for housekeepers to stoop, kneel, reach, or adopt other awkward body positions to clean bathrooms and guest rooms. Instead, it requires the availability of appropriately designed safe housekeeping equipment, including ergonomically designed long reach, adjustable tools, dusters and vacuum cleaners. In doing so, the proposed standard adopts the recommendations of Cal-OSHA and HIOSH for the elimination of unsafe cleaning practices and the utilization of appropriately designed equipment.²³

C. Safe workload and work pacing

Work pacing is a significant factor in the hazards of housekeeping. Tasks that may be less hazardous when performed at a moderated pace become more hazardous when performed under intense time pressure. The introduction of new bedding and amenity packages has frequently exacerbated these time pressures because it now requires more work to clean the same number of rooms. Intense time demands increase the risk of injury because housekeepers do not have the time to adopt safe body positions. Housekeepers also face an unacceptable risk of injury caused by slips, trip and falls [to same level], and harmful contact with objects owing to accelerated work pacing. Pushing heavy linen carts down hall ways and onto and off of elevators is another source of injury that is exacerbated by time demands.

Despite the increasing difficulty of cleaning a hotel room brought on by the new bed and room amenities, the industry's response has been inconsistent. While some employers have modified work expectations to account for the increase in the complexity of room cleaning tasks, other employers have implemented cleaning protocols that have actually increased the number of rooms and beds that housekeepers must clean on a daily basis. For example, under its so-called "Refresh Program," Hyatt requires housekeepers at some of its properties to clean as many as 30

rooms per day. This is as much as twice the top number of rooms that housekeepers clean at hotels where such programs are not in place.

The proposed standard addresses the need for safe work pacing in two ways. First, it requires employees to perform a written evaluation with the opportunity for employee input to determine what the appropriate expectation should be for room credits considering an array of factors, including the number of check out versus stay over rooms, the number of rooms requiring additional work, and other factors that contribute to work load variation. The evaluation will be repeated when conditions such as mattress style, linen style, room amenities or other changes to the room layout or complement are effectuated. The proposed standard adopts the recommendation of HIOSH in this regard.²⁴

Second, the proposed standard also places a ceiling of 5,000 square footage of total room space that an employer may regularly assign housekeepers to clean during an 8-hour shift. This requirement is prorated for housekeepers who work shifts of less than 8-hours, and is reduced when the housekeeper has additional factors such as a high number of checkout rooms or rooms with cots and rollaway beds to clean. This square footage equates to 15 rooms for hotels with rooms sizes of 325 square feet. For many employers, this limitation will impose no practical difference since the work assignments are already at or below this threshold. For a few, it will eliminate the practice of assigning room quotas that require housekeepers regularly to clean in excess of 20 and as many as 30 rooms in a day. This will allow housekeepers exposed to these conditions greater time to clean rooms safely while limiting their exposure to hazards.

D. Safe linen carts

Housekeepers use linen carts to transport supplies to the rooms that they will clean. They supply their carts in a linen room. This requires folding of numerous items of bath and bed linen so that the necessary work material fits tightly onto the cart. Other cleaning items are loaded onto the cart as well, such as vacuum cleaners, dusters, rags, chemical sprays and other cleaning supplies. The cart also transports guest items such as soaps, shampoos, and other room amenities. Time pressure creates an incentive for the housekeeper to load the cart as full as possible to avoid having to make repeat trips from the guest room to the linen room to replenish supplies. Linen carts, fully loaded, are heavy and cumbersome to wheel over carpeted surfaces. The new linen program has added a significant burden in this regard because the larger and thicker linens

take up more space than the old linen, thus requiring hotels to provide larger linen carts (with added weight), over-loading their carts, or hurrying back and forth to the linen room more often. The hazard of cart handling is increased by the ongoing problem of lack of wheel maintenance and the use of poorly designed carts—constructed of heavy materials, either too high or too low, fixed shelving—which add additional risks as housekeepers repeatedly bend to find items on the shelves.

The proposed standard addresses the hazard by requiring employers to use motorized linen carts, a recommendation made by HIOSH.²⁵ Available on the market and in use at hotels for many years, motorized linen carts eliminate the exertion involved in pushing linen carts over carpeted areas and ease the effort to turn them around as needed. These carts are highly maneuverable and easily steered by housekeepers and come with the latest ergonomic features such as adjustable shelving and built-in trash receptacles. Included in the Cal-OSHA citation against the Hyatt San Francisco Fisherman's Wharf, was a recommendation for improved cart design.²⁶

E. Monitoring, Training, and Employee Rights

The proposed standard emphasizes the importance of three factors to reduce risk of injuries among housekeepers.

First, it requires the employer to develop, implement, and monitor a safe housekeeping plan to reduce injuries that is based on a housekeeping job hazard assessment. It requires the employer to obtain input from housekeepers both in the development and the implementation of the plan. It establishes the requirement for a safe housekeeping committee to conduct annual evaluations of the employer's performance under the plan. It requires the identification of a competent person who is especially trained to address hazards that housekeepers face.

Second, the proposed standard emphasizes employee training into the requirements of the standard; the employer's safe housekeeping plan; the risk factors for housekeeping-related injuries and injury prevention; safe body mechanics for housekeepers; the use of safeworking practices; use of safe housekeeping equipment; and reporting protocols.

Third, the proposed standard guarantees housekeepers specific rights not to perform housekeeping duties using unsafe work practices as defined in the standard, as well as rights to

bring forward concerns to the employer or to a Cal-OSHA inspector during the course of an investigation without threat or fear of retaliation.

VI. CONCLUSION

The OSHSB should adopt the proposed standard that is included here as Appendix A. The proposed standard addresses the hazards discussed above through an appropriate mixture of performance standards and prescriptive requirements. It involves employee input and involvement in the development of safe housekeeping programs, and it provides for appropriate employee training. The standard will serve to reduce the risk of injuries suffered by housekeepers, thereby improving their productivity and wellbeing. It will reduce the financial costs that these injuries impose upon employers, insurers and society-at-large. It should be adopted.

¹ Frumkin H, Pransky G., Special Populations in Occupational Health, *Occup Med* 14(3), 479-484 (1999); Frumkin H, Walker ED, Friedman-Jimenez G., Minority workers and communities. *Occup Med* 14(3): 495-517 (1999); Improving Health and Safety Conditions for California's Immigrant Worker, Report and Recommendations of the California Working Immigrant Safety and Health Coalition, Berkeley, California (Nov. 2002); Kauppinen K, Kumpulainen R, Copsey S., Gender issues in safety and health at work--A review. Finland: European Agency for Safety and Health at Work (2003); Messing K., Physical exposures in work commonly done by women. *Can J Appl Physiol* 29(5): 639-656 (2004); National Institute for Occupational Safety and Health, National Occupational Research Agenda: Special Populations at Risk. Cincinnati, OH: DHHS (NIOSH) Publication No. 96-115 (1996); Stellman JM, Women workers: The social construction of a special population. *Occup Med* 14(3): 559-580 (1999); Treaster DE, Burr D, Gender differences in prevalence of upper extremity musculoskeletal disorders. *Ergonomics* 47(5): 495-526 (2004).

² Buchanan S, Vossenas P, Krause N, Moriarty J, Frumin E, Shimek J, Mirer F, Orris P, Punnett L. Occupational injury disparities in the US hotel industry. *American Journal of Industrial Medicine*. 53: 116-125 (2010). The study calculated the housekeeper injury rate at 7.9 per 100 worker-years over a three-year period. The injury rate for hotel workers was 5.8 per 100 FTEs during 2004, the mid-year of the dataset used in the study.

³ *Id.*

⁴ The average service sector injury rate was 4.2 per 100 FTEs in 2004.

⁵ Gabi Bauman, *The Bed Race, Hotel Companies Everlasting Pursuit of Differentiation*, HVS International (April 13, 2006).

⁶ Hotel Interactive, *HEI Hotels & Resorts Raises its Safety Standards Literally With the Bed MadeEZ Mattress Lifter By CKI Solutions—HEI Institutes New Bed Making Safety Guidelines Using CKI Solution’s Innovative Bed MadeEZ Mattress Lifter, Designed to Alleviate the Strain and Risk of Injury While Making the Bed* (March 24, 2011), available at <http://www.hotelinteractive.com/article.aspx?articleid=20151>. See also http://www.facebook.com/CkiSolutions?sk=app_7146470109.

⁷ United States Patent 7,596,822, assigned October 6, 2009 to Hyatt Corporation of Chicago, IL, and PreCare, Inc. of Sonoma, CA.

⁸ Memorandum from Hilton Corporation to Hilton properties, April 28, 2005.

⁹ October 24, 2007 letter from Hilton LAX Human Resource Director to Cal-OSHA.

¹⁰ Buchanan, *et al.*

¹¹ The cases descriptions were recorded on OSHA 300 logs from the Hyatt Regency Century Plaza in Los Angeles, California from January 2006 through August 2010.

¹² Buchanan S, Vossen P, Krause N, Moriarty J, Frumin E, Shimek J, Mirer F, Orris P, Punnett L. Occupational injury disparities in the US hotel industry. *American Journal of Industrial Medicine*. 53: 116-125 (2010).

¹³ Lee PT, Krause N. The impact of a worker health study on working conditions. *Journal of Public Health Policy*. 2002; 23 (3): 268-85.

¹⁴ Krause N, Scherzer T, Rugulies R. Physical workload, work intensification and prevalence of pain in low wage workers: results from a participatory research project with hotel room cleaners in Las Vegas. *American Journal of Industrial Medicine*. 2005. 48: 326-37.

¹⁵ Milburn, PD, Barrett, RS. *Lumbosacral loads in bedmaking*. *Applied Ergonomics*. 1999; 30: 263-73.

¹⁶ Marras, WS. Filed applications of the lumbar motion monitor. 2006. *Biodynamics Laboratory, Department of Industrial and Systems Engineering*, Ohio State University. Available at <http://biodynamics.osu.edu/research.html#tools>; downloaded April 2, 2006.

¹⁷ Canadian Centre for Occupational Health and Safety. *Occupations & workplaces: Hotel housekeeping*. Available at: http://www.ccohs.ca/oshanswers/occup_workplace/hotel_housekeeping.html.

¹⁸ Worker’s Compensation Board of British Columbia. *Preventing Injuries to Hotel and Restaurant Workers*. 1998.

¹⁹ See Cal-OSHA Memoranda to Hyatt Regency Century Plaza and Hyatt Andaz—West Hollywood; HIOSH letter to Hyatt Regency Waikiki, p. 7; Cal-OSHA Consultation Services, *Working Safer and Easier for Custodians, Janitors and Housekeepers* (Cal-OSHA, 2005), p. 29.

²⁰ HIOSH letter to Hyatt Regency Waikiki, p. 7.

²¹ *Id.*, p. 4.

²² *Id.*, p. 6.

²³ Cal-OSHA Memoranda to Hyatt Regency Century Plaza and Hyatt Andaz—West Hollywood; HIOSH letter to Hyatt Regency Waikiki, p. 3; *Working Safer and Easier for Custodians, Janitors and Housekeepers*, pp. 23-24, 27-28.

²⁴ HIOSH letter to Hyatt Regency Waikiki, p. 9.

²⁵ HIOSH letter to Hyatt Regency Waikiki, p. 8.

²⁶ Inspection Number 312690969, Citation 2, Item 1.

Attachment

A

Proposed Standard

§ 0001 **Scope and application**

This Article applies to any person, firm, corporation or other entity that operates or manages a hotel, motel, inn, or other short-term or transitional lodging with more than twenty-five guest rooms and that employs housekeepers to clean such rooms.

This Article applies to any operator, owner or manager of such establishments described above, whether the operator, owner or manager directly employs housekeeping employees or contracts for such employees through another entity such as a leasing firm or temporary agency.

Entities covered by this standard shall be referred to in this section as “employer.”

§ 0002 **Definitions**

Safe housekeeping practices. “Safe housekeeping practices” refers to processes that use a combination of hazard controls such as engineering and administrative controls including, but not limited to, safe housekeeping equipment; safe work practices; safe work loads; and work organization methods to reduce musculoskeletal and other injuries as a result of hotel room cleaning.

Safe housekeeping equipment. “Safe housekeeping equipment” includes adjustable long-handled cleaning tools such as mops, scrubbers and dusters; fitted sheets; laundry hampers on wheels; motorized carts; carts with adjustable-height shelves in carts; ergonomically-designed vacuum cleaners and other equipment that reduces awkward postures, forceful lifting, forceful exertions, and extended reaches.

Housekeeping. “Housekeeping” refers to the activity of cleaning guest rooms, including bed-making, room cleaning, bathroom cleaning, furniture moving, stocking and transporting linen, supplies and cleaning tools (e.g. dusters, vacuum cleaners) on linen carts, and related activities such as scrubbing, dusting, mopping, polishing, vacuuming, and folding and unfolding linen.

Housekeeping employees. “Housekeeping employees” are employees whose assigned tasks includes cleaning guest rooms, or assisting those who clean guest rooms, and includes such job titles as housekeepers, maids, room attendants, guest services attendants, runners, housemen, inspectors and inspectresses.

Safe bedmaking practices. “Safe bedmaking practices” means bed making practices that allow

for the application and removal of bed linens through the use of neutral body postures by the housekeeping employee or which reduce the need for forceful exertions and extended, awkward postures of the upper and lower extremities, shoulder and/or trunk to perform these actions.

Checkout room. “Checkout rooms” mean rooms in which the guest staying the prior night has departed or will depart, and which must be cleaned for a new incoming guest.

Stayover room. “Stayover rooms” mean rooms in which the guest staying the prior night has not departed or will not depart during the ensuing day.

High hazard room. “High hazard rooms” mean rooms that due to the size and purpose of the room contain additional hazards than a standard guest room with a king-size bed, e.g. a room with two double beds or suites that include additional furniture such as sofa beds or additional square footage that contains kitchens, extra bathrooms, floor space or patios all of which require extra work.

Unsafe bedmaking practices. “Unsafe bedmaking practices” means the use of forceful exertions and extended, awkward postures of the upper and lower extremities, shoulder and/or trunk to remove or apply bed linens to beds. It also includes stylistic practices that result in the aforementioned hazards such as tucking duvets beneath the mattress instead of allowing them to hang freely off the bed.

Safe Vacuuming Practice. “Safe vacuuming practice” means that housekeepers will have sufficient time to clean a room that allows them to move furniture first and then vacuum so as to prevent unsafe straining and postures as a result of combining furniture moving tasks with vacuuming tasks. Housekeepers will be trained in the correct postures for use with vacuums and as needed, vacuum models that are ergonomically-designed will be the preferred safe equipment purchased for this task.

§ 0003 Housekeeping Job Hazard Assessment

- (a) Each employer shall perform a written evaluation of the tasks involved in housekeeping to identify potential hazards that may cause housekeepers to suffer musculoskeletal injuries and other foreseeable injuries. The evaluation shall include an identification of those tasks that require housekeepers regularly to engage in the following body mechanics: bending of the back, bending of the trunk, twisting of the back, twisting of the trunk, side to side motion of the back and/or trunk, forward extension of the arms, upward or lower extension of the arms, kneeling, squatting, forceful exertions and lifting, pushing heavy objects, and pulling heavy objects. The evaluation shall identify engineering and/or administrative controls that the employer has determined are

necessary or appropriate to mitigate the risk of injury posed by the identified tasks. The evaluation shall be performed by a person professionally qualified to identify hazards known to cause musculoskeletal disorder injuries (MSDs).

- (b) Such an evaluation shall consider engineering and/or administrative controls such as but not limited to:
 - (i) workload and work organization;
 - (ii) safe housekeeping equipment;
 - (iii) elimination of unsafe bedmaking and room cleaning practices;
 - (iv) evaluation of design features and weights of materials housekeepers work with daily such as vacuum cleaners, duvets, number of bed pillows in consideration of increased risk of musculoskeletal disorder such factors pose;
 - (v) implementation of safe housekeeping practices; and
 - (vi) recommendations of injury control experts knowledgeable about causation and control of musculoskeletal injuries and other related injuries of housekeeping work.

§ 0004 Safe Housekeeping Plan to Reduce Injuries

As part of the injury and illness prevent programs required by Section 3203, employers shall adopt a written injury prevention plan for the protection of housekeeping employees. This plan shall:

- (a) Incorporate the written hazard assessment described in Section 0003.
- (b) Provide for the purchase, use, and maintenance of safe housekeeping equipment in an adequate supply and in adequate condition; and identify the procedure for housekeeping employees to report lack of safe housekeeping equipment or the need for repairs.
- (c) Identify a timeline for regular training of housekeeping employee(s) per the requirements described in Section 0009.
- (d) Require the employer to obtain housekeeping employee input on:
 - (i) identification of hazards of hotel housekeeping work;
 - (ii) selection of safe housekeeping practices and safe housekeeping equipment appropriate to address the hazards identified; and
 - (iii) continued compliance with section (b) above.

- (e) Require the creation of a Safe Housekeeping Committee that will:
 - (i) meet quarterly with advanced notice to all housekeeping employees;
 - (ii) make recommendations on the purchase, use, and maintenance of an adequate supply of appropriate safe housekeeping equipment;
 - (iii) make recommendations on training of housekeepers and other affected workers on use of safe housekeeping equipment and on safe housekeeping practices;
 - (iv) conduct annual evaluations of the employer's performance under the safe housekeeping plan and recommend changes thereto; and
 - (v) when remodeling of hotel rooms is planned by the hotel, evaluate if new designs will allow for safe housekeeping practices and work organization methods or if such designs will increase housekeeping work hazards; if there is a collective bargaining agent, then agent shall be notified at the same time as the safe housekeeping committee.

- (f) Require the identification of a "competent person". A competent person shall be a housekeeping employee who is knowledgeable about this standard and about the employer's Safe Housekeeping Plan; who is capable of identifying site-specific workplace hazards; who has received specialized training on the types of injuries suffered by housekeepers and the adoption of safe housekeeping and bedmaking practices to avoid such injuries; and who has authority to take corrective actions when unsafe practices are identified. The competent person shall be a member of the Safe Housekeeping Committee.

§ 0005 Requirements:

In addition to complying with its safe housekeeping plan described in section 0004, covered employees shall also comply with the following requirements:

- (a) Housekeepers shall not be required to regularly clean more than 5,000 square footage of room space in an eight hour workday. Square footage refers to the entire square footage of the room, including areas beneath beds and furniture, as measured by the perimeter dimensions of the room. For any room cleaner working less than eight full hours per day, this maximum floor space shall be prorated evenly according to the actual number of hours worked. When a room cleaner is assigned in an eight-hour workday to clean any combination of seven or more checkout rooms or rooms with additional beds such as cots or rollaways, this maximum floorspace shall be reduced by 500 square feet for each such checkout or additional bedroom over six.

- (b) Housekeepers shall not be required to clean bathroom floors, toilets, walls and other

bathroom surfaces in a stooped, kneeling, extended reach, or other awkward body position. Appropriately designed safe housekeeping equipment shall be available for use at all times.

- (c) Housekeepers shall not be required to stand on any uneven surface to perform cleaning tasks, including tub rims, sink tops or toilets. Appropriately designed safe housekeeping equipment shall be available for use at all times.
- (d) Housekeepers shall not be required to clean guest room walls, mirrors, headboards, and other surfaces in a stooped, kneeling, extended reach, or other awkward body position. Appropriately designed safe housekeeping equipment shall be available for use at all times. Safe vacuuming practices will be applied at all times.
- (e) Housekeepers shall not be required to lift bed mattresses in a trunk-twisted or other awkward body position. Adequate clearance between the side of the bed and other surfaces such as walls and furniture shall be maintained to eliminate such practice.
- (f) A fitted sheet shall be used in lieu of a flat sheet as the bottom sheet on all mattresses.
- (g) Housekeepers shall not be required to use unsafe bedmaking practices in order to complete their room quota. Unsafe bedmaking practices include the use of forceful exertions and extended, awkward postures of the upper and lower extremities, shoulder and/or trunk to remove or apply bed linens to beds. It shall be the sole responsibility of the hotel employer and its managers, supervisors, and housekeeping supervisors to ensure that safe bedmaking practices are in use. A safe bedmaking practice includes that bed linens should be regularly laid on the bed and pulled towards the edge of the bed rather than regularly shaken out using hands and arms. Bed linens should be removed in a similar process by having the linens removed from one side of the bed by worker standing at same side of the bed, then walk to the opposite side of the bed and remove the linens and finish by standing at the foot of the bed to gather up the linens in a bundle while maintaining neutral postures. This prevents the unsafe practice of standing at one side of the bed and over reaching by the trunk and arms using forceful movements to tug the sheets off the bed.
- (h) Duvets and comforters (or similar top covering) shall not be shaken out but shall be placed on the bed and unfolded. Duvets, comforters (or similar top covering) and top sheets shall be allowed to hang off the sides of beds and shall not be tucked beneath the mattress
- (i) Pillows shall not be encased in tight-fitting pillow cases where more than minimal force is required to remove the pillow from the case or to insert the pillow into the case. Pillow cases shall be sized so that pillows are easily removed and inserted into the case.

- (j) Motorized or self-propelled linen carts shall be provided. Linen carts shall be kept in good working condition to ensure that wheels function properly with adjustments made for traversing carpeting. Linen carts shall include adjustable shelves.
- (k) Housekeepers shall not be required to move heavy furniture by oneself such as armoires, sofa beds; instead teams of two shall perform the move and where possible, safe lifting techniques and appropriate moving equipment such as dollies and/or addition of coasters or rolling wheels placed on bottom of furniture shall be utilized with proper training provided before use.

§ 0006 Administrative Controls

Each employer shall perform a written evaluation to determine what the appropriate expectation should be for the number of room credits assigned to housekeeping employees during a work shift. The evaluation should consider the impact on a housekeeper's workload of daily variations in room assignments and work organization such as the effect of number of check out rooms versus stay over rooms, the number of high hazard rooms versus rooms with one king-size bed, the number of different floors to which the housekeeper must travel, do-not-disturb requests and other events that contribute to workload variations. The evaluation must be based upon input from employees or their authorized collective bargaining agent where such agent exists. The evaluation must be repeated when conditions such as the mattress style, linen style, room amenities, or other changes to the room layout or complement are effectuated; and when changes due to hotel renovation or when changes to current hotel policies occur or new policies are implemented such as green policies that impact housekeeper's workload, work organization or job task are also effectuated.

§ 0007 Light Duty Assignments

An employer shall provide alternative light duty opportunities for housekeeping employees who have suffered musculoskeletal injuries as a result of housekeeping duties wherever possible. Such light duty assignment duties shall be less demanding than regular work so as to not aggravate the employee's injury.

§ 0008 Monitoring and Evaluation

- (a) Each employer will engage in quarterly monitoring to ensure that it is in compliance with the requirements of its plan and this Article.
- (b) The employer will evaluate the effectiveness of the plan on an annual basis with input from the safe housekeeping committee. The results will be reported to the committee and made available to employees.

§ 0009 Communication and training

- (a) Each employer shall provide regular training to housekeepers concerning:
 - (i) the requirements of this Article;
 - (ii) the definitions in § 0002;
 - (iii) the hazards identified in § 0003;
 - (iv) the employer's plan described in § 0004;
 - (v) safe work practices designed to reduce the risk of musculoskeletal injuries and other housekeeping-related injuries including:
 - 1. risk factors for housekeeping-related injuries and injury prevention;
 - 2. neutral postures and body mechanics for housekeeping tasks;
 - 3. how to use safe working practices related to bedmaking and room cleaning and how they prevent injuries; and
 - 4. the use of safe housekeeping equipment; reporting mechanisms for the lack of available equipment; and reporting mechanism for the repair and maintenance of such equipment;
 - (vi) how to report injuries suffered as a result of housekeeping activities.
- (b) Training shall occur:
 - (i) when a housekeeping employee is hired; and
 - (ii) when a hotel employee is transferred into the housekeeper job title; and
 - (iii) when new equipment arrives at the hotel or when new safe work practice is identified; and
 - (iv) when changes due to hotel renovation or when changes to current hotel policies occur or new policies are implemented such as green policies that impact housekeeper's workload, work organization or job task are also effectuated.
 - (v) annually thereafter.

§ 0010 Recordkeeping

Each employer shall maintain records showing its compliance with the requirements of this Article. Copies of such records shall be made available to employees or their authorized collective bargaining representative upon request.

§ 0011 Employee Rights

- (a) A housekeeping employee who refuses to perform housekeeping tasks because of the employer's failure to provide appropriate tools or the employer's requirement to engage in unsafe housekeeping practices shall not, based upon the refusal, be the subject of disciplinary action by the employer or its agents.
- (b) Housekeeping employees shall be allowed to inspect the worksite at reasonable times in order to identify hazardous conditions and bring their concerns to the employer or its agents, to the competent person, or to the Safe Housekeeping Committee.
- (c) During any inspection conducted by the Division, housekeeping employees shall have the right:
 - (i) to speak with an inspector outside the presence of the employer or its agents either on or off property;
 - (ii) to accompany an inspector during an inspection to provide input into hazards that exist in the housekeeper's work area;
 - (iii) to receive copies of documents the employer or its agents provides to the Division concerning the existence or non-existence of hazardous conditions in their work areas.